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## \*BIBDATASHEET\*

CONFIRMATION NO. 6548

Bib Data Sheet

SERIAL NUMBER 10/004,468	FILING DATE 10/23/2001  RULE	CLASS 606	GROUP ART UNIT 3731	ATTORNEY DOCKET NO. SPC-5068CNT6
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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/451,570 11/30/1999 PAT 6,319,246  
 which is a CON of 08/902,144 07/29/1997 PAT 6,024,736  
 which is a CON of 08/319,986 10/07/1994 PAT 5,653,705

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## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

none Ceb-

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 12/19/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MO	SHEETS DRAWING 7	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 1
Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance	Examiner's Signature <i>[Signature]</i>	Initials		

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## TITLE

Laparoscopic access port for surgical instruments or the hand

<p>FILING FEE RECEIVED 740</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees ( Filing )</td></tr><tr><td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td></tr><tr><td><input type="checkbox"/> 1.18 Fees ( Issue )</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees ( Filing )	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	<input type="checkbox"/> 1.18 Fees ( Issue )	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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